

DRAFT ANNUAL GOALS AND OBJECTIVES

Name _____

Date ____/____/____

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Parents will be informed of progress at the same frequency as students without disabilities. ☐ Quarterly ☐ Trimester ☐ Semester ☐ Other _____

How? ☐ Annotated Goals/Objectives ☐ Progress Summary Report ☐ Other _____

Area of Need: Baseline:	Measurable Annual Goal: leading to educational benefit <input type="checkbox"/> Enables student to be involved/progress in general curriculum/State standards <i>and/or</i> <input type="checkbox"/> Addresses other educational needs resulting from the disability		
Baseline:	Short-Term Objective: Person(s) Responsible		<u>Comments:</u>
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GOAL: Progress Report 1/ Comments: Date: ____/____/____ Progress is sufficient to meet goals. <input type="checkbox"/> Yes <input type="checkbox"/> No	GOAL: Progress Report 2/ Comments: Date: ____/____/____ Progress is sufficient to meet goals. <input type="checkbox"/> Yes <input type="checkbox"/> No	GOAL: Progress Report 3/ Comments: Date: ____/____/____ Progress is sufficient to meet goals. <input type="checkbox"/> Yes <input type="checkbox"/> No	Goal: Annual Review Date: ____/____/____ Comments: Progress is sufficient to meet goals.
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